

City of Hartsville
PO Drawer 2497, Hartsville, SC 29551
(843) 383-3015 Fax (843) 383-3040



Business License Application
(All applicable items on this application must be completed before a License will be issued.)

Business Licenses expire on December 31st each year.
Renewals must be paid in full on or before January 31st to avoid penalties.

For Office Use	
SIC Code	
Class	
In Town	(yes) (no)
Parking Zone	(yes) (no)
Hosp/Acc Tax	(yes) (no)
Chg of Use	(yes) (no)
Customer ID #	
Fee \$	

Gross Income \$ _____

Location of Job: _____

Business Name _____

Trade Name (Doing Business As) _____

Mailing Address (office) _____

Physical Location (if different from mailing) _____

Business Telephone _____ Fax _____

Type of Ownership Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other _____

Owner of Business _____

Telephone # _____ Mobile # _____

Email Address _____

(Owner's) _____ (Owner's) _____ (Owner's) _____
Driver's License # _____ Date of Birth _____ Social Security # _____

Federal ID # _____ South Carolina ID # _____

Emergency
Contact (Name) _____ Telephone # _____

Mobile # _____ Email Address _____

Type of Business (Check all that are applicable)

- | | | | |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Services |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Other _____ | | | |

Contractor License # _____ Type Specialty ☐ General ☐ Residential ☐

Type of work to be done: _____

Number of Beauty/Barber Chairs _____ Owner of Chairs _____

Number of Amusement Machines _____ Owner of Machines _____

* I understand that all applications for Business Licenses are subject to applicable City Codes and Ordinances.
* I understand that all information on this application, including any attachments, is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Approved by _____ Date _____

City of Hartsville Representative